. S. No. 1.

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PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. Exact stated 4 classified. S pinous THIS properly AGE INK supplied. be UNFADING may certificate. carefully that It 000 WITH pe back terms, should 0 LAINLY DEATH in plain See instructions of Information Every Item CAUSE OF Important. S

9 BIRTHPLACE (State or country)

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10 NAME OF

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE

OF MOTHER

OF MOTHER (State or country)

Deputy

RECISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

PLACE OF DEATH 681 County Howard	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 193	
Village or City Listen (No	St.; Ward) [If death occurred a hospital or institution give its NAME inste	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male Proposition of the word o	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Pattends deceased from	
© DATE OF BIRTH 10. 10. 1913 (Month) (Day) (Year)		
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2.30 Å n The CAUSE OF DEATH* was as follows:	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	no Whymum was in attendance. Suppose cours of death was prismosise (Duration) yrs. mos. 1 de	

Had bunchilis owner built Contributory. (Secondary) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS At place In the of death ____ yrs. ___ mos. ___ ds. State yrs, ____ Where was disease contracted. If not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative ...ealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease is always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinetase causing the death of the de

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Putereral septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned which surgical operation was undertaken. cause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of __ Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples:



. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.	
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	PLACE OF DEATH	STATE OF MARYLAND
	unty Horrard	CERTIFICATE OF DEATH
Co	unty vrova a	Registered No. 190
VI	liase or City near EEN Riege (No.	St.; Ward) [It death occurred I a hospital or Institution give its NAME losted
	* FULL NAME Premature infant	Pall of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
8 D/	Jany 22, 1914 (Month) (Day) (Year)	, 191, to
7 AG		and that death occurred on the date stated above, atm
7.0	1 day,hrs.	The CAUSE OF DEATH* was as follows:
800	COUPATION O MOS. O MOS. OR OMIN.?	Premature delivery
(a) pari	Trade, profession, er 90000	Still-Birth
bush	General nature of industry, ness, or establishment in the amployed (or employer)	Contributory (Ouration) yrs mos ds
(St	ATHPLACE ate or country) hear Een Ridge	(Secondary)
	10 NAME OF Shoo. A. Ball	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)
MIS	11 BIRTHPLACE OF FATHER (State or country) Rechmond Va	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
PARENT	12 MAIDEN NAME OF MOTHER	CAUSERS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Elk Redge, Md	OR RECENT RESIDENTS) At place In the of death
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Interment) Catherine Fardner	Where was disease contracted, It not at place of death? Former or usual residence
	(Address) EerRige R. F. D.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Rear Dorsey Jany 23, 1914
15		



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the pismasm Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, mine, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Salesman, As examples: The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfled, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Purreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: cause for For VIO-



RECORD PERMANENT 4 INK UNFADING WITH WRITE

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certificate. 10 back Instructions mportant.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred lo Village or City .Ward) a hospital or lostitution, give its NAME instead ot street and oumber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 5 SINGLE. DATE OF DEATH MARRIED, WIDDWED. (Month) (Day (Year) ORDIVERCED (Write the word) I HEREBY CERTIFY, That f attended deceased from DATE OF BIRTH that f last saw h Mu alive on. (Month) (Day (Year) 7 AGE tt LESS than and that death occurred on the date stated above, at 1 day,.....hrs. The CAUSE OF DEATH* was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Ouration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State _____ yrs, ____ mos, ____ ds Where was disease contracted. KNOWLEDGE tf not at place of death?. Former or (Informant) usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b)first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all discases resulting from ctc., when a defiuite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name orlgin; "Canwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness, tctanus) may be stated under the head of (Recommendations on statement of For vio-



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1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Ilt death occurred in ..Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 6 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OF RACE 191 MARRIED. WIDOWED. (Month) (Year) (Write the word) CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Day) (Month) (Year) TAGE It LESS than 1 dayhrs. min. ? BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which amployed (or employar) Contributory..... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE In the OF MOTHER ot death yrs. mos. ds. State vrs. ... State or country Where was disease contracted. If not at place of death?. Former or usual residence DATE OF BURIAL 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite minc, etc. Grocery; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," saiary), may be entered as As examples For persons

losis of lungs, meninges, peritonaeum, etc.. l'ineumonia"); Lobar pneumonia; Bronchopneumonia brospinai meningitis"); Diphthcria (avoid time and causation), using aiways the same accepted causing death (the primary affection with respect to fever (the only definite synonym is "Epidemic cere-("Theumonia," unqualified, is indefinite); Tubercu-"(Croup"); term for the same disease. Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid Examples: Cerebrospinal Carcinuse of

> childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause. Always qualify all diseases resulting from ampie: Measles (disease causing cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as winich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; Examples: For VIO-

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed.



7. S. No. 1.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH 685	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 197
Village or Chymannollavilly (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH Charles 10 10 10 10 10 10 10 1
TAGE TAGE TAGE TAGE TAGE TO AGE TO AGE	that I last saw h slive on
8 yrs 5 mos 2 5 ds. or or particular kind of work (b) Generat nature of industry, business, or establishment in	The CAUSE OF DEATH* was as follows: Let and white a construction of the construction
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Gontributory Semilar (Quration) yrs mos ds. (Signed) + Shaplar M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) Mayland (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Af place in the
(State or country) Plany and 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Charles Pavis Struct (Address) Wordstruck Pard	of death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL

1914 By A Shipley Soundertaker S. Hulburger Too Educated
If more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: causing dearn, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Honsewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningtis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"): Lobar pnenmonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberenlesse of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Can mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tnmor" for maliginjury, as fracture of skuii, and cousequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probability which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from Measles "Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of (disease causing death), 29 ds.; State cause for



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Cou	inty Howard	CERTIFICATE OF DEATH Registration Dist. No. / / /
Villa	age or City Shrul 7 (No.) 2FULL NAME Hilliam	St.; Ward) [It death occurred is a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male Acolor of Race Single, Married, Willowso, Of Divorced (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from the company of the
4	(Month) (Day (Year)	that I last saw h Malive on Jan 2 5 , 191
7 AG	It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 9.30 A. The CAUSE OF DEATH* was as follows: Without School b
bush	General nature of industry, ness, or establishment in the employed (or employer) RTHPLACE (State or country) Manual Annual Annual	Contributory Secondary (Burntlan)
S	10 NAME OF Edward Say	(Signed) A Michael Man Ton Man 2000 Man
ARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Viole CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciding Tal, Suicidal, or Homicidal.
PA	OF MOTHER Clanda Burgios 13 BIRTHPLACE OF MOTHER (State or country) Mary last	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) Af place In the ot death yrs, mos ds. State yrs, mos
	Informant) Many Company	Where was disease contracted, If not at place of death? Former or usual residence.
16	ed Jan 26, 1914 Sh Nicholo	Tharmony ametery an 28, 191. 20 UNDERTAKER William and Assay Appress Olicott P.
t	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

686

1 PLACE OF DEATH

STATE OF MARYLAND



[Approved by U. S. Consus and American Public Health Association.]

duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speciapplies to each aud every person, irrespective of age. cated thus: should be taken to report specifically the occupations mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. first live will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin

nant ncoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marus-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origiu; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injnry, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations ou statement of



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Howard. Registration Dist. NoWard) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED. (Month) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 1888 that I last saw half alive on about three months gos (Month) (Year) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR mio. ? Whyneian was in altendance. 6 OCCUPATION (a) Frade, protession, or non particular kind of work. Whilehous was a rolley (b) General nature of industry. all mer life. business, or establishment lo which employed (or employer) ------Contributory 9 BIRTHPLACE (Secondary) (State or country) (Doration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE maruland, OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country Viramia ot death _____ yrs. ___ mos. ___ ds. State yrs. ____ mos. ... Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If oot at place of death? Farmer or

Ilt death occurred in

a hospital or lostitution.

give its NAME lostead of street and number. T

(Day)

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

usual residence.

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of iligainfully employed, as At school or At home. Care additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.). For persons Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DIREASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrereal scottchaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. -h art fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 6 1911
BUREATLES

SICIANS should occupation is PHYSICIANS RECORD PERMANENT properly GE be NFADING may WITH terms, pial = DEATH ō OF Item Important. CAUSE 100

1 PLACE OF DEATH Very Village or City PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVERCED (Write the word) OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 30 back ARENTS 11 BIRTHPLACE OF FATHER (State or country) 00 12 MAIDEN NAME See instructions OF MOTHER 13 BIRTHPLACE At place OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO Former or usual residence (Address) 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 190

...Ward)

Fif death occurred in a hospital or institution, give Its NAME instead of street and nomber. I

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 1914. and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: Mel Meg (Duration) Contributory *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Indury; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL, 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) in the yrs. mos. State Where was disease contracted, It not at place of death? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits ean be known. The question "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not material worked on may form part of the second who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," brospiual meuingitis"); Diphtheria ferer (the only definite synonym is term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid unqualified. is indefinite): Tubercuferer (never report "Epidemic eere-(avoid use Carcin-

> nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: DENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viomia," "Puerpenal peritonitis," etc. childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallnre," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of (disease eausing deatb), 29 ds.: (secondary or intercurrent) State cause for



W. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 IS UNFADING INK-THIS WRITE PLAINLY, WITH

PLACE OF DEATH 689	STATE OF MARYLAND
County Toward	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Ellicost City (No	St.; Ward) [It death occurred in a hospital or institution,
* FULL NAME John Mitche	give Its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Willoweb, Married, Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Nov. 19 1869	that I last saw h alive on Ja 716 1914
It LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, protession, or Shar Expert particular kind of work Shar Expert	Chrome Rephrite
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Doration) / S yrs mos ds
State or country) Pennsylvania	(Secondary) (Digration) (Digration) (Digration) (Digration) (Digration)
10 NAME OF John Mitchell	(Signed) 1. Dassaue, M. D. Ja 9, 191 4 (Address) Celleroffee, Ja
11 BIRTHPLACE OFFATHER (State or country) Not / Luguer 12 Maiden Name OF Mother	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Interment) Sarah 6. Mitchell	It not at place of death?
(Address) Collicatt Wily	At Johns Cemetery Jany 11, 1914
Filed / - / D., 1914 BEGISTRAR	20 UN GERTAKER LADORESS
If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUTEPTERAL septichaeture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viocause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltai," "Senlie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples:



V. S. No. 1.

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	Shou
RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS show SAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION mportant. See instructions on back of certificate.
WRITI	AUSE OF DEA

D .

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred in Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that desth occurred on the date stated above, a 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 mos BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) In the of death _____ yrs. ___ mos. ... State _ _ ds. 14 THE ABOVE IS TRUE TO Where was disease contracted. If not at place of death? Former or (Informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meminges, peritonaeum, etc., Carcin-



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state Very

10 PHYSICIANS should of OCCUPATION is RECORD Exact statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, (Write the word) & DATE OF BIRTH classifled. (Month 7 AGE properly BOCCUPATION (a) Trade, profession, or particular kind of work be (b) General nature of Industry, business, or establishment in may which employed (or employer) that it mi 9 BIRTHPLACE (State or country) carefully o that It 10 NAME OF FATHER 80 90 n terms, on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME plain See Instructions OF MOTHER = OF MOTHER (State or country) of Inform 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Address)

15

(Day

(Year)

If LESS than

1 day hra. OR min. ?

DESISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;--Ward)

11

[If death occurred in a hospital or lostitution, give its NAME Instead of street and number. I

	MEDIC	AL CERTIFICA	ATE OF DEAT	H
DATE O	F DEATH	· Jan (Month) (Day	, 1917 (Year)
Dec	10	EBY CERTIFY.	That I attende	d deceased fro
			fast	J1914
		id on the date 片* was as foli	stated above, a	it
		liac	1	Denies
		(Duratio	on)yrs	/mos,
Second				
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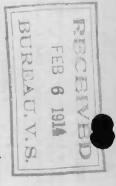
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-



genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from (secondary or intercurrent) Never report



SICIANS should OCCUPATION IS PHYSICIANS RECORD PERMANENT EXACTLY classifled. properi Supplie UNFADING may terms, PIN Jo 0 OF ы Every

1 PLACE OF DEATH County...... St.:---Ward) ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVERCED (Write the word) (Month) DATE OF BIRTH 1912 to 1541 (Month) (Day (Year) 7 AGE If LESS than f day,....hrs. OR ? BOCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) certificate. Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 0 back 11 BIRTHPLACE .. 191.4. (Address) PARENT OF FATHER (State or country) 0 TAL, SUICIDAL, OF HOMICIDAL. ATH in plain instructions o 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. mos. ds. Where was disease confracted. KNOWLEDGE If not at place of death? Former or usual residence mportant. 19 PLACE OF BURIAL OR REMOVAL 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

lif death occurred in a hospital or institution, give its NAME Instead

of sfreet and number.] MEDICAL CERTIFICATE OF DEATH (Day (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at 1130 The CAUSE OF DEATH* was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acuiden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State yrs, ____ mos. ... DATE OF BURIAL ADDRESS REGISTRAR

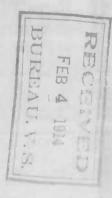
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, oant neoplasms); Meastes; Whooping cough; Chronic oma, Sareoma, etc., of..... (name origin; "Canmia," "Puepperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions." "Debility" ("Con-The contributory (secondary or intercurrent) is less defiulte; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 "Dropsy," "Exhaustion,"



Village or City Poplar Springs (No.

1 PLACE OF DEATH

693

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS			CAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH
38	male.	A COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, OR DIVERCED (Write the wor	Pingle (d)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 0	ATE OF BIRT				17 I HEREBY CERTIFY, That I attended deceased from 191, to 191, that I last saw h alive on 191, 191
7 A	G E	yrs	mos. <u>6</u> , ds.	If LESS than 1 day,hrs. ORmin.?	snd that death occurred on the date stated above, at
(a		rk	none	1000	in attendance)
bus	General nature of iness, or establis ch employed (or o			000000000000000000000000000000000000000	(Duration) yrs. mos & ds.
9 B	RTHPLACE tate or country	y) 97	raryland	•	Gentributory Austra Asselvation (Secondary) (Duration) yrs mos ds.
	10 NAME OF FATHER	Livous 9	Stanton.		(Signed) J. W. Laey, N. D.
ENTS	OF FATH (State or co	ACE IER Ma ountry)	yland		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	12 MAIDEN	HER Blanch	he Alice 7	isher	TAL, SUICIDAL, OF HOMICIDAL.
0,	13 BIRTHPLA OF MOTH (State or co	er ountry)	yland	- ×-	or Recent Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs, mos ds. State yrs, mes ds. Where was disease contracted.
147	Informant)	Ams Alice	1 0	LEDGE	If not at place of death?
-	(Address)	Poplar S	hrings N	nd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FIL	ed Jan 1	5 1914	. W. Lac	REGISTRAR	20 UNDERTAKER HOWARD CO., Md Gan. 15, 1914 120 UNDERTAKER HODRESS MA Chiry, mod.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever "never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL SCPtichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of __ Accidental drowning; Struck by railway train-acci--Hart fallure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-



N. B.—Every item of information should be carcfully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Gou		Registration Dist. No. 194
Villa	age or City Day him (No, 2FULL NAME Sunamul S	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, DR DIVORCED (Write the word) TE OF BIRTH 1 1 9 16	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from (17) 1 HEREBY CERTIFY, to State 20 , 191 f.,
	(Month) (Day (Year)	that I last saw h le allie on Street 2 5 , 1914
7 AG		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) part (b) busin whice	Trade, profession, or Ticular kind of work General nature of industry, ness, or establishment in the employed (or employer)	(Duration) yrs. mos. ds.
BII	10 NAME OF Maryland	Secondary (Quration) yrs mos ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, Or HOMICIDAL
	13 BIRTHPLACE OF MOTHER (State or country) MA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where we discovered the second sec
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
15 File	d. Jan 21, 1914 S. a. Melislo RECISTRAR	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL TENNELY BURYING MAN ADDRESS 20 UNDERTAKER LEMAN Such all ADDRESS MAN ADDRESS
-6	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

causing death (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," pneumonia"); Lobar pneumonia; Bronchopneumonia time and eausatiou), using always the same accepted "Croup";) term for the same disease. fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never unqualified, is indefinite): Tubercu-Diphtheria Examples: Cerebrospinal report "Typhoid "Epidemie cere-(avoid use

> nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (uame origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopheumonia (secondary), 10 ds. ture of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eansing death), 29 ds.; "Senile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report For vio

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 4 1914
BUREAU.V.S.

Village or City Liston (No	
a hospital or ins give its MAME 2FULL NAME Or Shue Arrey Tripled ot street and nur	titution, instead
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Male Holor or RACE Single, Married (Month) (Day) (Ye (Write the word)) 16 DATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Ye) (Month) (Day) (Ye)	
8 DATE OF BIRTH 30 (Month) (Day) (Tear) (Month) (Day) (Tear) (Month) (Day) (Tear)	from 914,
TAGE It LESS than 1 day, hrs. 1 day, hrs. OR min.? BOCCUPATION (a) Trade, profession, or particular kind of work The CAUSE OF DEATH* was as follows: Chronic Replantio- Cortrois Scherosis	m,
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) (Secondary) (Ouration) yrs. mos.	ds.
(Signed) (Signed) yrs mos 2 (Signed) Trying & Changy med (Address) Mr airy med	, M. D.
OF FATHER (State or country) May and CAUSES, state (1) Means of Injury; and (2) whether Accident Causes, State (1) Means of Injury; and (2) whether Accident Causes, State (1) Means of Injury; and (2) whether Accident Causes, State (1) Means of Injury; and (2) whether Accident Causes, State (1) Means of Injury; and (2) whether Accident Causes, State (1) Means of Injury; and (2) whether Accident Causes, State (1) Means of Injury; and (2) whether Accident Causes, State (2) Means of Injury; and (3) Whether Accident Causes, State (3) Means of Injury; and (4) Whether Accident Causes, State (3) Means of Injury; and (4) Whether Accident Causes, State (4) Means of Injury; and (5) Whether Accident Causes, State (4) Means of Injury; and (5) Whether Accident Causes, State (4) Means of Injury; and (5) Whether Accident Causes, State (6) Means of Injury; and (6) Whether Accident Causes, State (6) Means of Injury; and (7) Whether Accident Causes, State (8) Means of Injury; and (8) Whether Accident Causes, State (8) Means of Injury; and (8) Whether Accident Causes, State (8) Means of Injury; and (8) Whether Accident Causes, State (8) Means of Injury; and (8) Whether Accident Causes, State (8) Means of Injury; and (8) Whether Accident Causes, State (8) Means of Injury; and (8) Whether Accident Causes, State (8) Means of Injury; and (8) Whether Accident Causes, State (8) Means of Injury; and	
13 BIRTHPLACE OF MOTHER (State or country) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place of death	
(intermant) Margaretta & Warfield It not at place of death? Former or usual residence.	************
16 Filed. Jeb. 1. 1914 Lacy. REGISTRAR 19 PLACE OF BURIAL OR REMONAL Thursday Lower Lower Plant The Lacy. ADDRESS ADDRESS HEGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.	1914. Tue

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); Lodar pneumonia; Bronchopneumonia "Croup"); Typhoid time and causation), using aiways the same accepted causing death (the primary affection with respect to ("Pneumonia," brospinal fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE for the same disease. meningitis"); Diphtheria (avoid use of unqualified, is indefinite); Tubercufever (печег Examples: Cercbrospinal report "Typhoid

> such, if impossible to determine definitely. ture of the American Mcdical Association.) cause of death approved by Committee on Nomencia-"Contributory." schsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman scottchacinus," "Old Age," "Shock." 'Traemia," "Weakness," LENT DEATHS, state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Measles (disease causing death), 29 affection need not be stated unless important. oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples:

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FEB 6 1914
BUREAU, Y.S.

02

RECORD

VII	age or City Canara. (No. 19)	St.; Ward) [If death occur a hospital or list give its NAME I of street and num
	PERSONAL AND STATISTICAL PARACULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	MARRIED, MAULE WIDDWED, ORDIVDROED (Write the word) 1843	16 DATE OF DEATH (Month) (Day (Month) 17 1 HEREBY CERTIFY, That I attended decease Jan 7 1914, to Jan 19 that I last saw hime alive on far 17
7.A	(Month) (Day (Year) GE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at 31/4 C. The CAUSE OF DEATH* was as follows:
bus	General nature of industry, iness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Gontributory Secondary (Duration) yrs. mos.
PARENTS	10 NAME OF SATHER MARKETTE OF MOTHER (State or country) Contained of Mother Of Mother Of Mother Of Mother (State or country) Contained of Mother (State or country) Contained of Mother (State or country) Contained of Mother (State or country)	(Signed) Johns H. The berger "State the Disease Causing Death, or, in deaths from V. CAUSES, state (1) Means of Injury; and (2) whether Act Tall, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Tran or Recent Residents) At place In the ot death yrs. mos. ds. State yrs. mos.
	HE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?

STATE OF MARYLAND

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1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (d

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head of (Recommendations on statement of For VIO-

